

# EXHIBIT 2

## EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052022232686

STATE FILE NUMBER

2.1

## AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3202209001099

LOCAL REGISTRATION NUMBER

 BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

## PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST THANH	1B. MIDDLE CONG	1C. LAST DANG
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 10/02/2022	4. CITY OF EVENT SOUTH LAKE TAHOE
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD CONG THAO DANG		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD THI PHUNG NGUYEN

## PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED  LIST ONE ITEM PER LINE	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	11	N
17	ECONOMIST	ENERGY SPECIALIST
19	30	25
26	KIM ANH PHAM, SPOUSE	KIM-ANH THI PHAM, SPOUSE
28	KIM	KIM-ANH
29	ANH	THI
31	CONG	THAO
32	THAO	CONG
35	THI	PHUNG
36	PHUNG	THI

REASON FOR CORRECTION	11. FAMILY REQUESTS CHANGES TO THE DC.	
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AFFIDAVITS AND SIGNATURES  TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON ► ASHLEY ELIZABETH YOUNG	12B. PRINTED NAME ASHLEY ELIZABETH YOUNG	12C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) ROSEVILLE, CA [REDACTED]	12E. DATE SIGNED—MM/DD/CCYY 12/05/2022	
	13A. SIGNATURE OF SECOND PERSON ► SHANNON DEE MOORE	13B. PRINTED NAME SHANNON DEE MOORE	
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) FAIR OAKS, CA [REDACTED]	13E. DATE SIGNED—MM/DD/CCYY 12/06/2022	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	15. DATE ACCEPTED FOR REGISTRATION 12/06/2022	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

2.1

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF EL DORADO

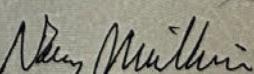
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DATE ISSUED

DEC 07 2022



000227260



NANCY J. WILLIAMS MD, MPH  
COUNTY HEALTH OFFICER

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD  
EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

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AFFIDAVIT TO AMEND A RECORD  
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LOCAL REGISTRATION NUMBER

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 BIRTH  DEATH  FETAL DEATH

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LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED 10	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD [REDACTED]	10. CORRECTED INFORMATION AS IT SHOULD APPEAR [REDACTED]
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REASON FOR CORRECTION	11. TO CORRECT SOCIAL SECURITY NUMBER
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AFFIDAVITS AND SIGNATURES ► ASHLEY ELIZABETH YOUNG	12B. PRINTED NAME ASHLEY ELIZABETH YOUNG	12C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER
TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	12D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) ROSEVILLE, CA [REDACTED]	12E. DATE SIGNED—MM/DD/CCYY 11/04/2022
	13A. SIGNATURE OF SECOND PERSON ► SHANNON DEE MOORE	13C. TITLE/RELATIONSHIP TO PERSON IN PART I OFFICE MANAGER
	13D. ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP) ROSEVILLE, CA [REDACTED]	13E. DATE SIGNED—MM/DD/CCYY 11/04/2022
STATE/LOCAL REGISTRAR USE ONLY ► CDPH-VR	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	15. DATE ACCEPTED FOR REGISTRATION 11/04/2022

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24a (REV. 1/08)

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NANCY J. WILLIAMS MD, MPH  
COUNTY HEALTH OFFICER

000227265

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## EL DORADO COUNTY

## HEALTH AND HUMAN SERVICES AGENCY

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